

Texas

PHN

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Public Health Nursing *On the threshold of the 21st Century*

Inside this issue:

*Annual Nursing Leadership
Conference 2000*

Population-Based Nursing

Continuing Nursing Education

Distance Learning

Nursing Leadership Council

PHNs on the Front Lines



*The historic entrance to the original
Rose Garden of Tyler, Texas.*

Photo by Jay Todd, July 1999.

Texas PHN

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Guidelines for Submitting Articles and Letters to the Editor: We welcome letters, articles and other current sources of information for *Texas PHN*. Submissions will be printed based upon content, relevance to public health nursing, and availability of space. You must include the writer's name, address and daytime phone number. You may request in writing whether you wish your name to be printed with your letters to the editor.

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Texas PHN

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professional public health nurses*

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Inside Focus

From the Director of Public Health Nursing...

I am honored to be able to address you through this inaugural issue of the *Texas PHN*. This much anticipated communication tool represents a new stage in the evolution of the public health nursing profession in Texas, and I hope you will be as excited as I am about it. You now possess one of the few statewide periodicals dedicated to public health nursing issues in Texas.

Texas PHN is the product of dramatic changes felt by public health nurses in every corner of the state. Every nurse practicing on the front lines of public health knows we are in the midst of a paradigm shift which literally changes how we conceptualize our practice — past, present and future. That paradigm shift is the result of the national movement toward population-based health care and a return to the core functions of public health. Yet the term “population-based” actually describes the historical roots of public health nursing.

In this issue, Dr. Teena Edwards explores the concept of population-based nursing and how it differs from the clinical practice model to which many of us have dedicated our careers. I encourage you to use the self-assessment tool she provides to gauge the extent to which you already practice population-based nursing.

As we stand on the threshold of the 21st Century, I challenge you to exert your own leadership skills by sharing your vision, your concerns, and your innovations with each other and the Texas Department of Health Public Health Nursing team, which exists to support and promote your success. Consider the following avenues for leadership:

- Submit your work to Texas PHN and other publications, both in and out of nursing.
- Participate in the Annual Nursing Leadership Conference as an attendee, exhibitor, poster presenter, or speaker. Remember this is your professional public health nursing meeting.
- Participate in the Nursing Leadership Council.
- Participate in the Continuing Nursing Education Advisory Committee.
- Develop continuing nursing education programs to enhance nursing practice and community outcomes.
- Demonstrate how you impact your communities through research and evaluation projects.
- In all your endeavors, build a results-oriented team with both traditional and non-traditional public health partners.

Only through our collective talent can we succeed in bringing about the best possible quality of life for the people we serve. Remember, it takes vision and courage to shape the future...

It takes a PHN.



Leslie Mansolo, RN, MSN, CNS

Introducing Texas PHN:

An Old Friend with a New Look

Laura Greek, RN, MSN
Editor

What is *Texas PHN*? If you're in the habit of saving publications you'll find part of the answer in its predecessor, the *Community Health Nursing* (CHN) newsletter, published by the Texas Department of Health's (TDH) Public Health Nursing section. Last printed about two years ago, the CHN newsletter addressed many of the ongoing issues we face today in a style praised by readers for the warmth it conveyed.

The CHN newsletter grew quiet as a period of rapid change ensued within state and national public health systems. The paradigm shift toward providing population-based services rather than clinical care began to impact how health departments functioned and challenged public health nurses to redefine their roles.

At TDH, the Public Health Nursing section underwent a change in leadership with the retirement of Jessie Yoas. After Leslie Mansolo became its director in May 1998, new staff began joining the section between August 1998 and June 1999. The PHN team now includes nurse consultants Debra Edwards, Penny Finuf and Laura Greek, program specialist Jay Todd and administrative technician Susie Fournier.

Today's dynamic public health environment has inspired the PHN team toward a new vision to serve as a nationally recognized leader in public health nursing. Toward this end, the section promotes the advancement of competency-based nursing practice within the core public health functions of assessment, assurance and policy development.

Texas PHN reflects a new direction for public health nursing practice grounded in the principles articulated through **the Tenets of Public Health Nursing**. From its inception, we have endeavored to make *Texas PHN* an interactive and responsive communication tool. The content and format is based on an informal survey of 150 PHNs who suggested and priori-

tized such issues as population-based nursing practice, continuing nursing education, outcome measurement and PHN projects at the local and regional level. We address these topics and more in this issue of *Texas PHN*. Now we invite you to share your feedback and ideas for *Texas PHN* by completing the comment card on the inside back cover.

In future issues, we will devote this page to **Letters to and from the Editor**. Remember, *Texas PHN* is your communication tool, so use it, share it, contribute to it, read it, change it, and most of all enjoy it! ♣PHN

The Tenets of Public Health Nursing

Population-based care functions consider all determinants of health, i.e., social, economic and physical environment, personal/lifestyle health practices, human biology, community capacity, and health services;

All decisions, programs, and services are performed in partnership with representatives of the people;

Primary prevention is given priority in all work;

Creating healthy environmental, social and economic conditions in which people live guide intervention strategies;

The public health nurse actively seeks all who may benefit from an intervention or service, not just those who present themselves;

The dominant concern of the public health nurse is to provide the greatest good for the greatest number of people with available resources; and

Collaboration with members of other organizations and professions is essential to effectively promote the health of the community.

Taken from the Quad Council of Public Health Nursing white paper "The Tenets of Public Health Nursing."

CONTINUING NURSING EDUCATION: A Commitment to Lifelong Learning

This is the first article in a series on getting results through continuing nursing education.

By Debra Edwards, BSN, MS, RNC, ONC

In a move to empower frontline nurses with the tools for developing high quality continuing nursing education activities, the Texas Department of Health's Public Health Nursing Section applied for and was awarded provider status through the American Nurses Credentialing Center's Commission on Accreditation (ANCC). ANCC's site visit in May 1999 brought unexpected results: The PHN section was granted provider status without stipulations — a rare outcome for a first time applicant.

Accreditation as a provider under ANCC shifts the process for awarding contact hours from a centralized review of an application's merits, to a decentralized system which focuses on incorporating ANCC criteria into the curriculum planning process itself.

Under its accreditation, the Public Health Nursing section must assure the compliance and integrity of the ANCC standards for continuing nursing education. To this end the service will utilize a strong quality assurance and quality indicator structure. The accreditation will be managed under the umbrella of the Texas Department of Health Public Health Nursing Continuing Education Service or TDH PHN CE Service.

The vision of the TDH PHN CE Service is to facilitate lifelong learning through excellence in public health nursing education and curriculum design. Three nurse consultants provide the foundation for this vision through collaboration and technical assistance to the local and state-public health departments within the eight regions. **Debra Edwards** provides consultation to the TDH central office, Regions 7 and 11 and South Texas Hospital in Harlingen; **Penny Finuf** consults for Regions 4/5 north, 6/5 south, 8 and Texas Center for Infectious Diseases (TCID) in San Antonio; and **Laura Greek** consults for Regions 1, 2/3 and 9/10.

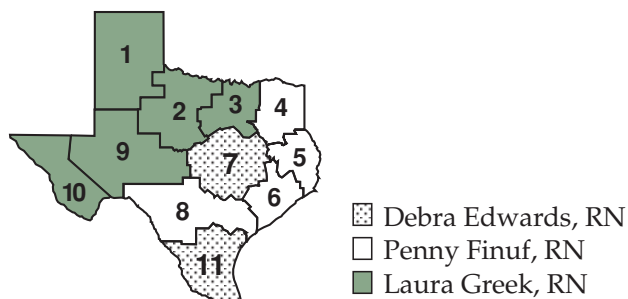
The accreditation of the TDH PHN CE Service by ANCC is the foundation for a consortium member structure encompassing the Texas Department of Health central and regional office

programs, and participating local health departments. Consortium members who adhere to the TDH PHN CE Service policies and procedures may award CE hours when they plan, develop, implement and evaluate educational activities for nurses in accordance with ANCC standards.

Two roles are crucial to the success of the ANCC accreditation: The RN planner and the Continuing Education (CE) Advisory Committee. To create and facilitate the development of these two roles the TDH PHN CE Service has developed an educational activity called Toward 2000 and Beyond. Toward 2000 provides participants with the process, tools, and skills to support a successful educational activity which meets ANCC criteria. To date, the course has been presented 21 times statewide to over 250 participants, including nurses and their colleagues from school health, dental health, and health education.

The service looks forward to partnering with consortium members to provide quality continuing education programs to the public health nursing workforce today, tomorrow and beyond the year 2000.

In the next issue, you will learn about the planning process for designing continuing nursing education activities. ♣PHN



Debra Edwards, BSN, MS, RNC, ONC is a nurse consultant for the TDH Public Health Nursing Section. She has been involved in the planning, development, implementation and evaluation of educational programs for nurses and other health care professionals for several years. Her expertise lies in continuing education program development and curriculum design.

Population-Based Nursing:

A new focus in the 21st Century, or a return to our 19th Century Roots?

This is the first article in a series on population-based nursing

By Teena Edwards, DrPH, RN

The profession of public health nursing (PHN) was created in response to the social, political, and environmental forces that threatened the health of Americans more than a century ago. In the Colonial Period, the growth of population centers focused on measures for sanitation. Communicable disease control was also important.

The nineteenth century saw a beginning recognition of the effects of social and economic conditions on health. The concept of social responsibility for public health began to take root. In 1850, the *Report of the Massachusetts Sanitary Commission* was published in response to concern over the effects of crowded living conditions, poverty, and poor sanitation on health. Recommendations of this report form the basis for much of the present work of official state and local public health agencies. The eventual effect was the establishment of state boards of health. During this period, public health nurses saw the need for community-based programs that connected the work of health departments and the people at risk.

During the early 1900s, personal care and health promotion services were combined as two aspects of public health nursing. When official health agencies began to provide population-based screening and education services, public health nurses employed by these agencies began to emphasize the health promotive and disease preventive aspects of their practice, leaving the provision of personal health services for the sick in their homes to visiting nurse associations. Thus, in serving the needs of the larger community, the public health nurse functioned as a generalist.

For the past 30 years, however, public health nursing has become increasingly specialized in areas of focus, (maternal-child, family planning, mental health), developmental stage (young children, school-aged children, elderly), or setting (health department, school, workplace). This move to specialization was fostered by categorical funding approaches at the federal government level. Prenatal, family planning, pediatrics, adult, and sexually transmitted disease clinics were the major focus of public health nursing departments. PHNs admitted children to Crippled Children's Programs or Children with Special Needs, located families of infants with abnormal results of newborn errors of metabolism, and evaluated home situations when requested to do so. This approach seeks to identify the high-risk individual and to offer them some individual protection. Only a small nursing staff concentrated on the more traditional aspects of public health – communi-

cable disease and tuberculosis control.

Recent mandatory enrollment of Medicaid recipients into Managed Care Organizations has once again allowed public health nurses to focus on the needs of populations. For many of us who have practiced in this field over the past 30 years, we struggle with the all or none concept of

having to abandon our focus on individuals and only focus on populations.

The three primary targets of service of public health nursing are the community, the family, and the individual. In each of these areas, nurses provide the core public health functions of assessment, policy development and assurance.

The Core Functions:

Assessment, Policy Development and Assurance

PHNs have long conducted **assessments** of individuals and families, but it is now critical to reintroduce a formal community assessment process into their scope of practice. This focus may include analyzing data on the needs of specific populations or geographic areas; identifying and interacting with key community leaders; and conducting surveys to gain a better understanding of resources.

Policy Development activities at the individual/family level included recommending or

For many of us who have practiced in this field over the past 30 years, we struggle with the all or none concept of having to abandon our focus on individuals and only focus on populations.

assisting in the development of standards for individual client/family care; establishing criteria for opening, closing, or referring individual cases, and participating in the development of job descriptions to establish roles for various team members. An expanded role of the population-based PHN includes providing leadership in convening and facilitating community groups; recommending specific training and programs to meet identified health needs; or raising awareness of key policy makers about health regulations, and other factors that may negatively affect the health of the community.

Assurance activities primarily represent the majority of the work PHNs have been involved with over the past several years. PHNs have provided nursing services to individuals across the age continuum based on identified needs, and have participated on quality assurance teams.

Focusing on the population

Under the scope of population-based services, the PHN must learn to provide services in a collaborative fashion with providers in a managed care setting. Thus, the focus becomes one of assisting the community in developing effective approaches to high-risk individuals/families; collaborating with the community to reduce barriers to accessing health care; and assuring that prevention and intervention efforts for communicable diseases are being appropriately implemented.

Thus, the primary concern of population-based public health is the health of the general public rather than that of individuals or families. From this perspective, PHNs gather and interpret data on the health status of groups of people in an effort to identify and resolve health problems common to the population as a whole. Care can also be provided to individuals and families. However, it is done so primarily as a means of enhancing the health status of the total population.

Focusing on the population first requires us to change the way we view our role. For example, the individual-focused strategy is to treat the individual who is sick today, and to screen the individual who may be sick tomorrow. This strategy produces interventions that are appropriate to the particular individuals

advised to take them. Although this “high-risk” approach motivates patients to improve their overall health, the drawbacks center on the difficulties and costs of screening, and the fact that it is palliative and temporary. This is primarily a “reactive” approach. It does not seek to alter the underlying causes of disease.

The population-based strategy attempts to control the determinants of incidence, to lower the mean level of risk factors, and to shift the whole distribution of exposure in a favorable direction. In its “traditional” public health form, it involves mass environmental control methods, such as sanitation. In its modern form, it is attempting to alter society’s norms of behavior, a “proactive” approach. For example, if non-smoking eventually becomes “normal”, then it

will be much less necessary to keep on persuading individuals to stop smoking.

Translating philosophy into practice

If one embraces the population-based strategy, how does this philosophy translate into practice? Communicable disease prevention and control, primary and secondary prevention activities relating to healthy lifestyles, injury prevention, and the protection of the environment will become the focus of practice. Prevention and control initiatives that serve the community as a whole will be developed. These strategies might include public awareness campaigns, public education, screening, provider education, coalition building, and community outreach. Thus, the focus of the Maternal-Child Health program could go from an emphasis on clinic services to decreasing fragmentation of care and increasing accessibility through assessment and referral. For the population as a whole, these changes may positively impact the rate of maternal or infant mortality rates.

The changing face of public health in the 21st Century will allow us, once again, to take a proactive approach to public health nursing practice. *The Future of Public Health* defines the mission of public health as fulfilling society’s interest in assuring conditions in which people can be healthy. The challenge is to generate organized community effort to address the public interest in health by applying scientific

See Population-Based Nursing page 17

Focusing on the population first requires us to change the way we view our role.

Your Professional PHN Conference

A Season for Change: "Tour of Texas" Starts in Tyler

An air of excitement is stirring as public health nursing leaders throughout Texas prepare for a change.

The change brings into focus a new direction for public health nursing as we move beyond traditional thinking toward an innovative and dynamic future in the public health arena.

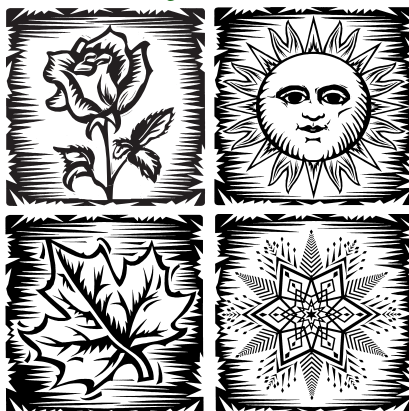
In the spirit of the nationwide movement toward population-based health care, the Annual Nursing Leadership Conference will travel to a different Texas community each year. Each conference will feature population-based initiatives at the local and regional levels, in addition to examining trends and issues beyond state and national boundaries.

This year's conference "Cultivating Communities: Nurturing the Seeds of Leadership" will be held March 1-3, 2000 in Tyler, Texas. It will mark the first conference to officially include public health nursing colleagues from Louisiana, Arkansas, Oklahoma, and New Mexico to encompass U.S. Health and Human Services Region VI. This opportunity to collaborate on a shared vision and mission for public health nursing working to protect and promote the public's health is not to be missed.

The conference will focus on the impact that dynamic nursing leadership can, and does, have at the community level, and the skills needed to negotiate, facilitate,

collaborate, and cultivate effective public health solutions. Four topic areas will serve as the focal point for this ongoing discussion:

Cultivating Communities



"Creating Hybrids: Successful Partnerships and How to Form Them" will provide examples of partnerships that are working and/or examine the skills needed to build consortiums with our colleagues in the public and private sector.

"Tips from the Farmer's Almanac: Perspectives on Nursing Leadership and Legislation" will explore nursing issues and trends, legislative and regulatory impacts on nursing practice, and the role of advocacy programs and associations.

Nursing Leadership 2000

"Lessons from the Garden: Programs that Worked" will create an opportunity to interact with nursing leaders who have found unique solutions for unique problems.

"Building Your Toolshed: Essential Skills and Emerging Technology" programs will focus on a variety of educational and technological solutions to staff and resource management problems.

For the first time, the conference will feature a paper and poster competition. Public health professionals nationwide have been invited to submit abstracts for paper or
(See "A Season for Change", page 12)

When the World is Your Community: Historical Perspective and Future Vision Highlight Leadership 2000 Keynote

Each year, the ANLC tries to present dynamic leaders from the public and private sector to energize and inspire conference participants. In keeping with this tradition, Leadership 2000 is pleased to have Assistant Surgeon General (ASG) Carolyn Beth Mazzella deliver the keynote presentation on Wednesday, March 1.



With the US Public Health Service (PHS) since 1971, Mazzella is currently the Chief Nurse Officer (CNO), serving as nursing's voice to the Surgeon General and the Assistant Secretary for Health on health issues, professional practice, personnel con-

cerns, and advocacy to and for nurses and nursing. She represents more than 6,000 nurses, of whom over 1,000 are Commissioned Officers. She is currently serving as the Acting Chief of Staff for the PHS as a collateral duty.

In keeping with this year's theme, Mazzella will draw on her own global experiences, as well as, look at lessons learned from historical leaders. In doing so, she will focus on the interplay between public health nursing leadership carrying out the essential public health functions and a community and its underlying values in the development of effective public health solutions.

As we look beyond our borders and experiences, we will see that we are not alone with the public health challenges we face. This exciting presentation will be a highlight of ANLC 2000. PHN



Conference Preview

Conference Goal

The goal of this conference is to highlight the multiple talents of public health nursing leaders who are working to nurture communities. By highlighting the creative transformation of traditional ideas and practices into innovative visions and projects, we hope to foster the development of other PHN programs to promote and protect the public's health in the new millennium.

Target Audience

This conference has been designed for nurses working in public health who empower individuals, promote health initiatives, or mobilize communities as part of their essential job functions.

Outcome Objectives

By the end of the conference, participants will be able to:

Objective #1: Construct a strategy to incorporate innovative methodology into current public health nursing projects.

Objective #2: Express the value of forming non-traditional partnerships to impact population based initiatives.

Objective #3: Formulate a leadership strategy which links national/regional socio-political trends to their current public health care environment.

Objective #4: Evaluate current opportunities and challenges to the future of public health nursing and their practice role.

Conference Schedule

See next page for expanded program.

Day 1 - Wednesday March 1

1:00 - 2:00 p.m.	Welcome
2:15 - 4:00 p.m.	Plenary Session 1
5:15 - 6:00 p.m.	Social Hour
6:00 - 7:00 p.m.	Awards Dinner
7:00 - 8:00 p.m.	Keynote Speaker - RADM Beth Mazzella Office of the Chief Nurse, USPHS

Day 2 - Thursday March 2

8:00 - 9:00 a.m.	Plenary Session 2
9:00 - 9:30 a.m.	First AM Break
9:30 - 10:30 a.m.	Concurrent Sessions
10:30 - 10:45 a.m.	Second AM Break
10:45 - 11:45 a.m.	Concurrent Sessions
11:45 - 1:15 p.m.	Lunch On Your Own
1:15 - 2:15 p.m.	Concurrent Sessions
2:15 - 2:45 p.m.	PM Break
2:45 - 3:45 p.m.	Concurrent Sessions

Day 3 - Friday March 3

9:00 - 10:00 a.m.	Plenary Session 3
10:00 - 10:15 a.m.	AM Break
10:15 - 11:30 a.m.	Plenary Session 4
11:30 - 11:45 a.m.	Final Remarks

The TDH PHN CE Service is accredited as a provider of continuing education for nurses by the American Nurses Credentialing Center's Commission on Accreditation.

12.3 Type I CNE Contact Hours will be awarded.

Special Activities Highlight Leadership 2000 - Book Your Room Now!

This year's conference is highlighted by several special events. Wednesday, March 1 will offer participants the opportunity to attend a special awards and induction banquet. This formal event will mark the introduction of several exciting public health nursing awards. Featured categories include PHN Educator and Outstanding PHN of the Year. These awards are open to anyone working in US DHHS, Region VI. Watch your mail for nomination forms in January 2000.

Also in conjunction with the keynote banquet will be the induction of Texas' Nursing Leadership Council's new officers. This special ceremony will honor those nurses who have taken on leadership roles.

Thursday, March 2 will also offer conference attendees a non-conference diversion. The Tyler host committee has arranged complimentary transportation to Bossier City, LA for those interested. Bossier City is just across the TX-LA border and is known for its riverboat casinos. Buses will leave Tyler around 4 p.m. and return around midnight. While not an official conference activity, we

are pleased to announce this entertainment option to those who might be interested. To reserve a spot on a bus, mark this option on your registration form. Details will be sent with your registration confirmation.

Book Your Rooms Now!

This year's host hotel is the beautiful Sheraton Tyler Hotel. The hotel offers non-smoking and barrier free rooms, as well as an onsite restaurant, lounge, pool, hot tub, and deck area. If you would like to venture beyond the hotel, a variety of major restaurants and shopping areas are within easy walking distance.

King and Double rooms are available at the rate of \$55.00/night. When booking, request either an interior or exterior entrance for your stay. Reservations should be made no later than February 8, 2000 to assure room availability. To make your reservations, you will need to call the Sheraton-Tyler directly at 903/561-5800. When booking your reservations, make sure to reference the "TDH Nursing Conference".



Cultivating Communities: Nurturing the Seeds of Leadership

Preliminary Conference Program

(Note: Topics/Speakers may be subject to change - speakers credentials are listed when available.)

Wednesday, March 1

2:15 - 4:00p.m.

General Presentation - Building a Population Focused Toolkit for Public Health Nursing

Debra Edwards, MS, RNC, ONC; Penny Finuf, MSN, RN, CS; Laura Greek, RN, MSN; Leslie Mansolo, RN, MSN, CNS; Jay Todd, BA

Texas Department of Health - Public Health Nursing

From the dynamic team that created Toward 2000 and Beyond: In Step With the ANCC Accreditation Process, this program will kickstart the conference by laying out in simple language what it means to practice "population-based" public health nursing.

7:00 - 8:00 p.m.

Keynote Presentation - When the World Is Your Community

RADM Carolyn Beth Mazzella, RN, MS, MPA

United States Public Health Service

Mazzella will draw on her own global experiences, as well as look at lessons learned from historical public health leaders, and the impact that public health nursing leadership has within a community.

Thursday, March 2

8:00 - 9:00 a.m.

General Presentation - Community Partners Combating Child Fatality

John Hellsten, PhD

Texas Department of Health - Bureau of Epidemiology

This presentation will provide participants an understanding of the incidence, causes, and circumstances of child deaths in Texas. The role of child fatality review teams will be discussed, and suggestions for involvement of public health nurses in the prevention of child deaths will be presented.

9:30- 10:30 a.m. - Concurrent Presentations

<i>Community Health Empowerment and Enrichment Project</i>	<i>The Politics of HIV Treatment and Management: Why We're Where We Are</i>	<i>Cultivating Community Partnerships in a Nurse Managed Care Clinic</i>	<i>Creating Changes in Your Community, Pt.1</i> (spans 2 sessions)	<i>Preparing for Healthcare Delivery Today, Tomorrow, and in the Future</i>	<i>Trifold Partnership for the Purpose of Education on Medication Adherence</i>
Lawrence Headley, RD, LD TDH PHR 1	Sharilyn Stanley, MD TDH-Bureau of HIV/STD	M. Fran Skeels, RN, MSN, MSHP, CS; Cindy Stinson, MSN, RNC, CNS; Donna Wilsker, RN, BSN, MSN; Kathy Roberts, RN, BSN, MSN Lamar University	Paula Hughes TDH PHR 4/5 North	Debra Edwards, MS, RNC, ONC TDH- Public Health Nursing	Kathy Badten, RN, BSN Tarrant County Public Health Dept.

10:45 - 11:45 a.m. - Concurrent Presentations

<i>Population-Based Implementation Model</i>	<i>Role of the Public Health Nurse in Disasters: Multiple Perspectives</i>	<i>Building Rural Health Partnerships</i>	<i>Creating Changes in Your Community, Pt.2</i> (must attend Pt. 1)	<i>Community Based Initiatives: A New Tool to Measure Your Harvest</i>	<i>Neighborhood Lead Education Project</i>
Teena Edwards, DrPH, RN TDH Primary Care	Linda Linville, RN, MS -Moderator; Doris Brown, RN, MS - Louisiana; Toni Frioux, RNC, MSN - Oklahoma; Leslie Mansolo, RN, MSN, CNS- Texas; Mary Lou Menefee, RN, MBA - Arkansas	Sam Tessen, MS Center for Rural Health Initiatives	Paula Hughes TDH PHR 4/5 North	Dixie Scott, RN, BSN; Charlotte Henry, AND, WHNP; Bonnie Swick, MA, BS; Dee Salmon, RDH, MSHP; Shannon Tankersley, RD, LD; Susan P. Bennett, BS, RD, LD TDH PHR 4/5 North	Shirley Witherspoon, RN Smith County Public Health District



Cultivating Communities: Nurturing the Seeds of Leadership

Thursday, March 2

1:15 - 2:15 p.m. - Concurrent Presentations					
<i>Teaching Community Health Nursing on the 'Net: Some Lessons Learned</i> Elizabeth Anderson, DrPH, RN, FAAN UT at Galveston	<i>Local Public Health Systems: Lessons from Bandera</i> Martha Groomer, RN TDH	<i>Texas Healthy Kids Corp. - A Model for Partnership Building</i> Jan Ozias, RN PhD, MS Texas Health Kids Corporation	<i>Creating Changes in Your Community, Pt.1</i> (spans 2 sessions) Paula Hughes TDH PHR 4/5 North (Repeat of a.m. session)	<i>Say What? Communicating to Negotiate Healthy Communities and Avoid Conflict</i> Jay Todd, BA TDH- Public Health Nursing	<i>Reaping the Rewards in A Community Setting</i> Kathy Roberts, RN, BSN, MSN; Cindy Stinson, MSN, RNC, CNS; M. Fran Skeels, RN, MSN, MSHP, CS; Donna Wilsker, RN, BSN, MSN Lamar University
2:45 - 3:45 p.m. - Concurrent Presentations					
<i>Evaluation and Outcome Measures</i> Teena Edwards, DrPH, RN TDH Primary Care	<i>The Politics of HIV Treatment and Management: Why We're Where We Are</i> Sharilyn Stanley, MD TDH -Bureau of HIV/STD (Repeat of a.m. session)	<i>Building Rural Health Partnerships</i> Sam Tessen, MS Center for Rural Health Initiatives (Repeat of a.m. session)	<i>Creating Changes in Your Community, Pt.2</i> (must attend Pt. 1) Paula Hughes TDH PHR 4/5 North (Repeat of a.m. session)	<i>Focus on Immunizations: Tools and Strategies</i> <i>ImmTrac Program</i> Ronny West, BBA TDH Immunization Division	<i>Moving the Classroom Back Into the Community</i> Susan Pollock, RN, PhD, FAAN Texas Tech Health Science Center

Friday, March 3

9:00 - 10:00 a.m. General Presentation - East Texas PATCH Project: A Program that Worked Karen Kincaid, RN UT Tyler College of Nursing This presentation will gives participants and overview of innovative program which involved local nursing students to conduct community assessments, and the conversion of collected data using a Global Information System (GIS) to document assets and needs within east Texas communities.
10:15 - 11:30 a.m. General Presentation - Multi-State Nursing Issues Linda Linville, RN, MS - moderator; various This panel of experts will examine a wide variety of issues including licensure, delegation of authority and collective bargaining - how each state is dealing with them and how we can reach consensus.

About Tyler



Founded over 150 years ago, Tyler is widely known as the Rose Capital of the U.S.A. It lies in the heart of the East Texas piney woods, about midway between Dallas and Shreveport, Louisiana. In March and April, Tyler blooms with azaleas, dogwoods, and wild flowers which attract visitors worldwide to this historical community and the surrounding lakes and rivers.

Tyler features a dynamic public health community working closely with their partners in the local higher education and the private health care sector to develop innovative projects you will not want to miss. Register early and make your travel plans now. Tyler is easily accessible by air or highway. Daily flights into Tyler-Pounds Airport are provided by American Eagle, Austin Express, and Continental Express airlines. Tyler is 90 miles east of Dallas, 90 miles west of Shreveport, Louisiana, 200 miles north of Houston, and 225 miles northeast of Austin.



Conference Preview

NURSING LEADERSHIP AWARDS TO BE PRESENTED AT ANNUAL NURSING LEADERSHIP CONFERENCE

For the first time ever at this year's Nursing Leadership Conference, outstanding nursing leaders and nurse-driven programs will be recognized based on your nominations. The TDH Public Health Nursing section is currently accepting nominations for awards for outstanding nursing leaders and programs. Winners will be announced Wednesday, March 1, 2000, at the Leadership 2000 Conference Keynote Banquet. Unless otherwise noted, nominations may come from any individual who has been impacted by or seen the impact created by the nominee. Nominations should not have more than 2 typewritten pages of background information. You may also include documentation or examples. All nominations should be received by Friday, **February 11, 2000**.

OUTSTANDING PHN LEADER OF THE YEAR

Honors a PHN leader working in U.S. HHS Region VI whose leadership has made a creative and lasting contribution to public health nursing either in practice, research, education or administration. This RN has enhanced the professional stature of public health nursing through a commitment to the core public health functions and essential public health services. As a result of their effort, quality of service delivered to the individual/family/community has been improved.

EDUCATIONAL IMPACT AWARD


Honors an individual or organization in U.S. HHS Region VI for a program developed and presented in 1999. The activity must have had the PHN RN learner as its focus. The program should have addressed one of the core public health functions or essential public health services. Nominations should include need, target audience, and evaluation design.

ESSENTIAL SERVICES AWARD

Honors an individual or organization in U.S. HHS Region VI for a community based program implemented in 1999 that has positively impacted a population in the process of carrying out the essential public health services. This PHN driven project must have a demonstrated need and measurable outcome, as well as the potential to have an ongoing influence in the community.

All nominations should be sent to:

TDH Public Health Nursing
Attn: Awards Committee
1100 W. 49th Street, Austin, TX 78756

If you have any questions, please contact or email Jay Todd at 512/458-7771, ext. 2127 or Jay.Todd@tdh.state.tx.us. 


A Season for Change *(continued from page 8)*

poster presentations related to one of the four topic areas. On Wednesday, March 1, a multi disciplinary team will judge the poster presentations. The top three poster teams will then present their posters during a concurrent session on Thursday, March 2. Selected papers will be also presented during concurrent sessions on March 2. Selected papers and the top three posters will be recognized during the keynote banquet.

In an effort to foster collaboration and resource sharing, participants will find more opportunities to visit the poster displays, peruse exhibitors, and share ideas with colleagues.

This year attendees will be challenged by 4 general

sessions and 24 concurrent sessions to choose from during the 3 day period. Planned sessions include topics ranging from child fatality, population-based approaches to public health nursing, the epidemiology of risky behaviors, developing outcome measures, and the basics of public presentations. The closing session of the conference will be spectacular, bringing together a multi-state nursing leadership panel to address practice and regulatory issues.

This conference offers an excellent opportunity for nursing teams and workgroups to work together to build and add to their strategic plans for the future. Don't miss this opportunity to build your leadership toolkit for the new millennium. 





From A Distance: The Marriage of Technology & Education

*First in a series on distance learning strategies
for delivering continuing nursing education*

By Jay Todd

Limited resources, travel caps, and staff spread over hundreds of miles present unique dilemmas to those responsible for assuring a well trained public health nursing workforce. In response to these barriers, the term "distance learning" is often brought up as an inexpensive alternative with mass marketability. In reality, quality distance learning is neither inexpensive or mass marketable. When planned properly, however, distance learning can be a viable alternative to face to face instruction.

The concept of distance learning is not new; its roots can be traced back over 100 years ago to the late 19th century and the advent of the telegraph. Distances seemingly shrank as information was shared almost instantaneously. Educators quickly adapted this marriage of technology and information to their needs. This adaptation took many forms as technology changed: ham radios to teach school children in remote locations, degree granting correspondence courses, educational television courses, satellite courses, web based courses. At the root of this movement was the desire to teach or communicate with large or small groups of people spread across geographically diverse areas to inform and enrich their lives.

In recent years, distance learning has become a strategic tool for a wide range of public and private institutions. Before the Gulf War, the US Armed Forces relied heavily on distance learning technology to prepare mass numbers of troops for the biological hazards they might face. For them, distance learning was essential to achieving their goals, and saving lives. It was a successful effort, but has not replaced traditional training.

Within the public health environment, distance learning is also becoming a strategic tool that is called upon to prepare a vast public health workforce to protect and promote the public's health. Before moving into distance learning, however, the basic underlying assumptions of distance learning must be understood. These assumptions are:

- Nothing replaces the live instructor in the classroom. Distance learning is second best.
- Traditional courses cannot merely be transported to a distance learning environment. They must be modified to take advantage of the visual and interactive capabilities of the delivery technologies - audio, video, Internet, World Wide Web, and print.
- Information dumping is not distance learning.
- Students never learn from the technology of distance learning. Technology is the servant. Teachers and their messages are the master.
- There is no one best technology. Each technology offers a variety of learning opportunities. Type of learning, time, location, and learning resources will become a determining factor.
- Students learn as well and as much from tele-teaching courses, in real and delayed time, as from traditional courses.
- In distance learning courses, students learn just as well without seeing the instructor asynchronously, as synchronously.
- Developing a course requires not only adequate time, but adequate resources as well.

In the coming months, we will look more in depth at these assumptions, what they mean to you, and how to integrate a distance learning focus into your program planning. ♣PHN

Jay Todd is the program specialist for the Texas Department of Health's Public Health Nursing Section. His expertise is in health communications with a focus on organizational and cultural dynamics. Current projects include developing technological strategies for delivering continuing nursing education. He holds bachelor of arts degrees in Speech Communications as well as English from Texas A & M University, and is a candidate for a master of arts in Health Communications.

PHNs on the Front Lines 1999 Highlights

Every issue of *Texas PHN* will feature projects and events conducted by public health nurses and their colleagues within the Texas public health regions.

Whether your community is rural or urban, or you are part of a local health department, state public health region, community-based organization, hospital system, school district, or university-based system, we urge you to share your work in this column. If you distribute a newsletter, please add us to your mailing list!

Through its PHN leadership, **Public Health Region 1** has actively worked with the Partners for Parenting Coalition of **Lubbock**, which hosted a conference this November attended by over 900 parents, grandparents, adolescents, and family service professionals from the area. *Building Strong Families: Tools for Success Conference for Parents and Those Who Work with Them* focused on a variety of issues affecting family quality of life, including violence prevention. Sessions were offered in Spanish and English. TDH Region 1 PHN representative implemented a formal conference evaluation process, enabling the Partners for Parenting Coalition to utilize participant feedback in planning future conferences. This year for the first time, local television station KGBD Channel 11 entered into a five-year partnership with the Parenting Coalition to continue promoting strong families and future conferences. For information, call Regional Nursing Contact Sheila Rhodes, RN, (806) 767-0407 or email sheila.rhodes@tdh.state.tx.us.

Public Health Region 2/3 has developed a population-based nursing educational activity in connection with a tri-state annual Texas Public Health Association Conference (TPHA). The planning team exemplified diversity and cross-disciplinary collaboration by including members of the Texas Public Health Association, a local health department director, and PHNs from region 7, 4/5 north, and 2/3.

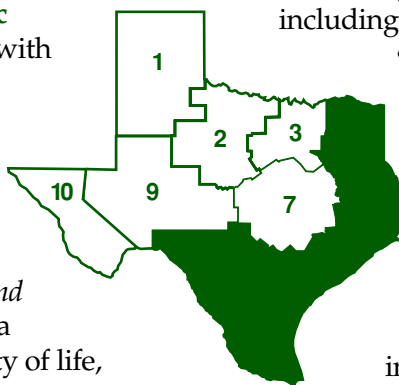
Also, within the region, nursing and dental health collaborated to adapt the long-standing dental health program for school nurses to the

new continuing nursing education criteria under ANCC. Once the program was successfully designed, the region contacted all other regional dental programs to share their product.

For information on the population-based activity, contact Bill Lankford, RN at (817) 264-4364; for the dental health program contact Linda Brown, RN, at (817) 264-4469. Regional Director of Field Office Services Ann Hayward, RN (817) 264-4458 or email ann.hayward@tdh.state.tx.us.

Public Health Region 9/10 PHNs have been developing and participating in a variety of educational activities for nurses, their public health colleagues, and community stakeholders, including:

- **Two Community and Worksite Wellness (CWW) conferences were presented, including *Get Moving to Healthy Living* held in Alpine, and *Keys to Healthy Behavior Change* in San Angelo.**
 - The Texas Public Health Association's (TPHA) Public Health for the New Millennium held in El Paso, and
 - The Binational EPIVAC Conference sponsored by the Centers for Disease Control and Prevention (CDC) held in Ciudad Juarez, Mexico **across the border from El Paso.**



The CWW conferences included sessions on making change work for you, adolescent issues, wellness as a force for change, cultural barriers to traditional behavior modification, developing partnerships, physical fitness, and the power of rejuvenation. Attendees took home health promotion materials related to diabetes, cancer, heart disease, nutrition, and physical activity, and adolescent health. Continuing education hours both for nurses and certified health educators were awarded. For information, contact Regional Director of Nursing Gloria Miller, RN, at (915) 774-6200 or email gloria.miller@tdh.state.tx.us.

Public Health Region 7 public health nurses held a retreat at the Cedarbrake Renewal Center in **Belton**, an opportunity to gain new information and updates in support of population-based services, as well as personal introspection and sharing among colleagues. Various speakers provided current information on conducting

community assessments, diabetes education and nutrition, management and quality assurance for tuberculosis services, and managed care. The nurses also spent some time considering plans to work within their respective communities to facilitate efforts to address community health concerns. Because of the consensus among the nurses on the success of the retreat, they hope to make it an annual event. *For information, contact Regional Director of Nursing Linda Breeden, RN, at (254) 778-6744, or email linda.breeden@tdh.state.tx.us.*

Public Health Region 4/5N PHNs are participating in the development of a local public health services model for **Rusk County**. Rusk County is one of eight representing each of the public health regions for piloting local population-based service delivery models.

This Fall, the region has also hosted and participated in planning several professional development activities, including one in partnership with the Nurse Oncology Education Program (NOEP) on parish nursing, and the district's Texas Nursing Association Fall Forum on how nurses are surviving and thriving in the changing health care environment. *For information, contact Regional Director of Nursing Sharon Flournoy, RN, at (903) 533-5218 or email sharon.flournoy@tdh.state.tx.us.*

Public Health Region 6/5S PHNs highlighted the Ten Essential Public Health Services and how they have been incorporated into nursing practice by preparing poster boards on display in regional administrative offices. Several photographs chronicle the journey from "where we were" in 1978 when the clinics were first established to "where we are today." The boards illustrate how public health nursing has — and in some ways has not changed.

In **Liberty** PHN staff linked with the Coastal Area Health Education Center to build community partnerships and identify and solve health problems. As a result of the collective efforts of many people, including TDH nurses, the county was awarded a \$10,000 grant to be used for a community needs assessment.

Three regional nurses have served on a CQI team looking into how the Region follows-up on childhood lead poisoning cases. The team is

preparing three options for consideration. *For more information, contact Regional Director of Nursing Sandy O'Keefe, RN (713) 767-3401 or email sandy.o'keefe@tdh.state.tx.us.*

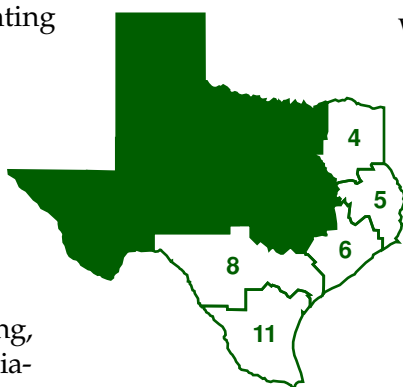
Public Health Region 8 is the site of the original local public health service delivery model, more commonly known as the **Bandera Project**. The model is built upon the premise of providing population-based services through a generalist team which includes a public health nurse, a sanitarian and a community service aide. The project challenges public health institutions to rethink how best to meet the needs of specific communities or populations. One strategy

would entail educating and training the public health workforce as generalists rather than specialists who focus upon such public health categories as environmental or maternal child health. A generalist orientation would strengthen the skills needed by public health teams to address a broad range of community issues.

Through the Bandera project, a county advisory board of health consisting of community stakeholders was established to identify and evaluate health priorities for the public health team. *For information, contact Martha Groomer, RN (512) 796-7540. Regional Director of Nursing Sharlene Prescott, RN (210) 949-2092.*

Public Health Region 11

In Summer 1999, over 7,000 men, women and children in three Willacy County colonias received free medical and dental services, thanks to the "Building Healthy Communities" project developed through a partnership between TDH Region 11 and health care providers from the Army, Navy and Marine Reserves as well as the National Guard. The project operated within clinic sites at three elementary schools for nearly two weeks, from July 26 - August 5. Inspired by the success of the project and the ongoing need for services in the area, plans already are underway for an encore, hopefully within the year. *For information, contact Regional Director of Nursing Sr. Mary Vincelli, RN (956) 444-3270, email mary.vincelli@tdh.state.tx.us.* ♣PHN



Nursing Leadership Council

A Voice for Public Health Nursing in Texas

Linda Linville, RN, MS

As the 1999 chair of the Nursing Leadership Council (NLC), I am delighted to launch this column in *Texas PHN*. It is an exciting opportunity to share the ongoing work of public health nursing leaders for the people of Texas. On behalf of NLC, I want to invite local and state public health nursing leaders to share their experience and talents with this dedicated team. Meetings are scheduled for Spring, Fall and Winter 2000, with the next meeting to be held in conjunction with the Annual Nursing Leadership Conference in Tyler, March 1-3, 2000.

What is NLC?

The NLC emerged in 1996 to formalize an organizational structure for Texas Department of Health regional and central office nursing leaders who had held quarterly forums for many years. The founding members established a vision, mission and guiding principles for NLC, as well as bylaws and a system for electing officers.

Vision and Mission

As the public health nursing leaders who influence the fiscal, planning and policy issues affecting the health of Texas, the NLC's mission is to be a team dedicated to providing expert guidance on community health issues to nurses and other health care professionals.

Guiding Principles

The following principles guide the NLC in its endeavors to improve the health of the people of Texas.

- Promote communication between people.
- Create linkages with programs and services.
- Promote community health assessments and participate in the analysis, interpretation, and utilization of findings.
- Assure high quality care/services are furnished by programs, service providers and

health delivery systems. Quality expectations are defined by accepted standards and practice and related to others through consultative activities.

- Fulfill leadership roles through participation in strategic planning and policy development, allocation of resources and problem resolution.
- Advocate publicly and privately for community health nursing, and for the people of Texas on community health issues.
- Educate others within our communities, agencies, health delivery and political systems about health issues, and provide for our own continuing professional growth.

A Forum for Action

NLC meetings provide a forum for acquiring up-to-date information and acting upon issues germane to PHN practice, such as legislation, funding, workforce trends, and education. This year's meetings have covered such issues as the legislative mandate to implement needle-free injection systems, funding changes for Children with Special Health Care Needs, Texas Healthy Kids Corporation and the Children's Health Insurance Plan, projections for a future public health nursing workforce, and the multistate nursing licensure agreement. With this information, the NLC is in a position to influence the fiscal, planning, and policy issues that affect the health of Texas.

Initiatives

NLC initiatives include actively reviewing current legislation and its implications for public health nurses, analyzing and participating in state agency sunset reviews, representing public health nursing on the HRC 44 committee for local public health infrastructure development, and developing a tool to assure appropriate classification of nursing positions at levels I-V. This tool included population-focused essential functions.

See NLC next page...

Population-Based Nursing continued from page 7

and technical knowledge to prevent disease and promote health. The efforts to plan an effective health care system include recognition of the unique contribution of public health nurses.

Are you ready for the challenge? To assess your readiness for providing public health nursing activities in the 21st Century, take the short test below to determine if your approach to public health nursing is more individual-based or population-based. Although both approaches are necessary, the changing face of health care is placing greater emphasis on population-based approaches.

References

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- Clark, M.J. (1999). *Nursing in the Community* (3rd Ed). Stamford: Appleton and Lange
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Teena Edwards, DrPH, RN is Director of Primary Health Care and Community Mobilization for Texas Department of Health's Bureau of Community Oriented Public Health. Her area of expertise is evaluation and outcome measurement in public health.

NLC (continued from page 16)

In the interest of diversity and collaboration among public health nursing leaders, the NLC is expanding its membership to include colleagues from local public health agencies, academia, community-based organizations, non-public health agencies, and the private sector. Through its meetings in Austin, the NLC team will con-

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**Population-Based Nursing
Self-Assessment Quiz**

Read the statements below and place an "X" beside each statement that describes your current practice.

As a PHN, I currently:

- ☐ Conduct surveys or observe target populations
- ☐ Recommend specific training and programs to meet identified health needs
- ☐ Identify and interact with key community leaders
- ☐ Participate in a formal community assessment process
- ☐ Assist providers in developing effective approaches to high-risk populations
- ☐ Collaborate with the community to reduce barriers to access
- ☐ Seek to control the determinants or risk factors of incidence
- ☐ Provide public education on injury prevention
- ☐ Participate in community coalitions
- ☐ Provide outreach to communities with poor health outcomes
- ☐ Provide data for analysis and planning by community groups
- ☐ Conduct screenings
- ☐ Serve as a subject expert
- ☐ Participate in program planning and evaluation

Number of statements marked _____

See page 18 for your results.

tinue to develop and apply its expertise to developing long-range solutions to the challenges facing public health nursing today.

Watch for this column in future issues of *Texas PHN* for updates on Nursing Leadership Council meetings and initiatives. If you would like to learn more about participating in NLC please contact Linda Linville at (512) 458-7771 or email linda.linville@tdh.state.tx.us. ♣PHN

Linda Linville, RN, MS is Director of the Division of Policy and Operations for the Texas Department of Health's Bureau of Community Oriented Public Health. In this capacity she oversees Public Health Nursing, Primary Health Care, Community Mobilization and Community Health Provider Resources. As a charter member of the Nursing Leadership Council, she has been actively involved in its initiatives since its inception.

CNE *Question Queue*

Whether you are a novice to continuing nursing education activities or a seasoned expert, we invite you to challenge us by putting your CNE questions in the Queue! Send your questions to Debra Edwards by fax (512) 458-7235 or email debra.edwards@tdh.state.tx.us. For now, here are some questions we frequently hear...

Q: Why must RN Planners be involved in all continuing nursing education activities provided under the TDH PHN CE Service accreditation status?

A: Once the TDH PHN CE Service was accredited as a provider of nursing continuing education by the American Nurses Credentialing Center's Commission on Accreditation (ANCC) we assumed responsibility for implementing and maintaining the standards. The direct participation of the RN Planner, whose expertise and role position description was reviewed during the application process, ensures the ANCC criteria is correctly implemented and the overall integrity of the national accreditation of the program is maintained.

Q: My planning committee is spread out over several different counties... and now we're experiencing serious limitations on our travel. How can we possibly get together as a planning committee for our educational activities?

A: You need only pick up the phone! Although most of us prefer to meet face-to-face, we have many other alternatives thanks to conference calling and other distance technologies. Many continuing education activities are being developed to take advantage of such strategies as audio conferencing, video teleconferencing, the internet,


and satellite transmissions. By the same token, you can start to utilize these creative ways to collaborate with your planning committee to plan, design, implement and evaluate educational activities for nurses.

Q: What is the difference between an inservice and a continuing education activity?

A: Continuing education programs must go beyond the basic nursing preparation. They are designed to promote and enrich knowledge, improve skills, and develop attitudes for the enhancement of nursing practice, thus improving health care for the public. Only educational activities that meet the above definition can be considered for continuing nursing education hours. In-service activities focus on policies and procedures. They tend to dictate specific ways job functions should be performed in order to comply with those expectations.

Keep in mind as you can design a combination activity which includes both continuing nursing education and in-service. In this case, you can award contact hours for the portion of the program that meets the definition of continuing education for nursing.

Q: What is the difference between a CEU and CE or CNE contact hours?

A: All continuing nursing education activities award contact hours rather than continuing education units (CEUs). One contact hour equals 50 minutes (thus one clock hour equals 1.2 contact hours). Some professional disciplines such as physicians, social workers and health educators translate clock hours in CEUs, so that one clock hour (60 minutes) equals 0.1 CEU. Since professional nursing licensure requires 20 contact hours every two years, it is clearly simpler to offer credit for CNE activities in the same terms.  PHN

Your Population-Based Nursing Quiz Results (from page 17)

- ☐ If you marked **12 or more** statements: You are there — Congratulations!
- ☐ If you marked between **7 and 11** statements: Good job — You are shifting your focus to populations.
- ☐ If you marked **6 statements or less**: Your focus is probably on direct care rather than population-based nursing.

Here are some things you can do to learn more:

Contact your nurse consultant for resources and educational activities in the works. Attend the Annual Nursing Leadership Conference 2000 in Tyler. There you can network with your fellow PHNs and learn from posters and presenters about population-based nursing. Remember, we are here to support you!

The last word...

Nurses Top 1999 Honesty & Ethics Gallup Poll

When this year's Gallup Poll asked Americans to rate nurses and 44 other professions on their honesty and ethics, they topped the list with highly honest ratings from 73% of the poll's participants. 1999 was the first year nurses had been included in the poll, as well 19 other professions. Pharmacists, who remain at the top of professions measured annually for the last 22 years, received high or very high ratings from 69%. Here are the top five professions:

1. Nurses 73%
2. Pharmacists 69%
3. Veterinarians 63%
4. Medical doctors 58%
5. K-12 teachers 57%

For more information, see the website: www.gallup.com/poll/releases/pr991116.asp.

Would someone you know like to get *Texas PHN*? Just clip and mail the information below and we'll send the next issue. You may also fax us at (512) 458-7235 or email the Editor, laura.greek@tdh.state.tx.us



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Texas PHN

In Your Next Issue...

Watch for these topics in your April 2000 issue of *Texas PHN*.
We invite you to submit articles or information by **March 10, 2000**.
See *Guidelines for Submitting Articles* on page 2:

- Letters to the Editor
- PHNs on the Front Lines
- Research or evaluation activities
- CNE activities
- Public Health Nursing and technology: Informatics, telehealth or distance learning

Send us your comments...

Tell us what you think about Texas PHN? Please clip and mail, email or fax your thoughts to us:

What I liked most:

What I liked least:

My suggestions and other comments:

Name/Title (optional):

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